

TRANSIENT ROOM TAX REGISTRATION

Name of Business

Date

Street Address or Location of Business

Business Phone

Mailing Address of Business

Number of Rooms

Name of Operator or Manager

Name of Owner

Owner's Phone

Type of Organization

(Above please state if owned by individual, corporation or partnership. If partnership, please list the names of partners and, if corporation, state names of officers below.)

Name

Title

Name

Title

Name

Title

Signature & Title

Print Name

Pursuant to Brownsville Municipal Code, Chapter 3.25, this form must be submitted within thirty (30) days after beginning business. Failure to do so could result in penalties per Brownsville Municipal Code.

City of Brownsville
255 N. Main Street
P.O. Box 188,
Brownsville, OR 97327
541.466.5880
Fax 541.466.5118